

Thank you for giving me the opportunity to present my opposition to HB 5711.

Before I address HB 5711, let me provide you with some facts about pregnancy and abortion in this country. Nearly half of pregnancies among American women are unintended, and about four in 10 of these are terminated by abortion. Twenty-two percent of all pregnancies (excluding miscarriages) end in abortion. 88% of abortions are performed before the end of the first 12 weeks of pregnancy. Only 1.5% of abortions are performed post 20-weeks, and almost all of those are for medical reasons. The risk of abortion complications is minimal: fewer than 0.3% of abortion patients experience a complication that requires hospitalization. Abortions performed in the first trimester pose virtually no long-term risk of such problems as infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little or no risk of preterm or low-birth-weight deliveries.

Now to address HB 5711: HB 5711 defines "FETAL REMAINS" as a DEAD FETUS OR PART OF A DEAD FETUS THAT HAS COMPLETED AT LEAST 10 WEEKS OF GESTATION. It requires that such fetal remains of an induced abortion or a spontaneous abortion, i.e, a miscarriage be buried or cremated or otherwise legally disposed. With all due respect, what you are requiring is the burial, cremation, or otherwise legal disposition of a mass of tissue that is about the size of a cherry— a little over an inch or so long— and weighing less than a quarter of an ounce! Yes, I agree that we should be respectful of all life — human or otherwise — but is this necessary? Is your goal to be respectful of human life or is it to place an undue burden on a pregnant women desiring an abortion and therefore challenge Roe vs. Wade before the Supreme Court? Or is the stipulation that allows for "other legal disposition" there to benefit those companies that engage in stem cell research, including those in which Governor Snyder benefits financially.

HB 5711 prohibits physicians from prescribing medical (Rx) abortions over webcam. When doctors are allowed to prescribe other medications without being physically present, why should special restrictions be placed on physicians providing medical abortions? This provision also blocks use of newer regimens that are as safe and effective, but have fewer side effects and a lower cost. You say there is no war on women — yet you prevent them from receiving safer and more effective and lower cost treatments. That surely seems like an attack on women to me. Why would you not want women to receive safer, more effective, lower cost treatment? Why not leave decisions concerning medical procedures to the physician and his/her patient?

HB 5711 requires doctors to carry greater liability insurance than other physicians. The cost of liability insurance is based on risk. Surely the risks in performing abortions are not greater than that in performing neurosurgery or obstetrics. Then how can you justify requiring doctors who perform abortions to carry liability insurance that isn't even available in Michigan?

HB 5711 would require that abortion clinics performing more than 5 outpatient abortions a month be licensed as freestanding surgical centers. Abortions are safer than vasectomies that are routinely done in doctor's offices with none of this regulatory scheme required. What about oral dental surgery or Endovenous Laser Treatment , which are both routinely done in doctor's offices? Again, if you are trying to ensure safer, more regulated medical treatment, why have you singled out pregnant women? Why

not insist that doctor's offices where more than 5 outpatient EVLT's are performed each month be licensed as freestanding surgical centers? Surely you want to make sure that people receiving such treatment are safe.

HM 5711 would require medical personnel to counsel women against being coerced to have an abortion. Coercion is illegal and punishable under existing laws. If the goal is to protect women, then why not protect pregnant women against all forms of pregnancy coercion, including forcing a women to carry to term against her wishes through threats or acts of violence?

It is crystal clear that the real goal of HB 5711 is to close clinics, to discourage doctors from performing abortions, to increase the cost of abortions, and to make them less accessible. We have seen the effects of illegal abortions – we know what your callous disregard for human life will do to the many women that desire to end a pregnancy. And it is exactly for these reasons that I oppose HB 5711. If you wish to protect women then support access to birth control, accurate and truthful sex education, funding for programs to help combat domestic violence, medical care for all pregnant women, and access to safe and legal abortions. I implore you to reject HB 5711.

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